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| Fill in th   |   |   |                                       |  |   |   |
|--|---|---|---------------------------------------|--|---|---|
| The second secon | his information to i                    | identify your case                      | and this                              | filing:  |   |   |
| Debtor 1   | Mary D. Arth                            | nur                                     | 566                                   | and the second s |   |   |
| Dahtar 2   | First Name                              | Middle                                  | Name                                  | Last Name  |   |   |
| Debtor 2<br>Spouse, if filing)   | First Name                              | Middle                                  | Name                                  | Last Name  |   |   |
| United States Ba   | Bankruptcy Court for                    |   | N DISTRIC                             | CT OF NEW YORK, WHITE PLAINS   |   |   |
| Case number  | ·                                       |   |                                       |  |   | Check if this is an amended filing  |
| Official Fo  | orm 106A/B                              | }                                       |                                       |  |   |   |
| Schedu   | le A/B: Pi                              | roperty                                 |                                       |  |   | 12/15   |
| nformation. If mo<br>Answer every que  | ore space is needed, a<br>estion.       | attach a separate sh                    | eet to this                           | rried people are filing together, both are e<br>form. On the top of any additional pages,<br>state You Own or Have an Interest In  | write your name and case  | number (if known).  |
|  | E5                                      | 1976 FOX 1996 Sept                      | 500                                   | ce, building, land, or similar property?   |   |   |
| 5 <u>004</u> 030 (1850) (1870)   |   | altable merest m a                      | ty resident                           | se, bullang, land, or similar property:  |   |   |
| No. Go to Pa   |   |   |                                       |  |   |   |
| Yes. Where   | is the property?                        |   |                                       |  |   |   |
|  |   |   |                                       |  |   |   |
| 1.1  |   |   | What is                               | the property? Check all that apply   |   |   |
|  |   |   |                                       | Single-family home   | Do not deduct secured cla   | time or expendions. But   |
| 70 Ogder   |   | _0000 ================================= | - 8                                   | Duplex or multi-unit building  | the amount of any secure  |   |
| Street address   | ss, if available, or other des          | scription                               |                                       | Condominium or cooperative   | Creditors who Have Clair  |   |
|  |   |   | П                                     | опостинот от соорегацие  |   | d claims on Schedule D:<br>ms Secured by Property   |
| D. L. F.   | NO.                                     | 40500 0000                              |                                       | Vanufactured or mobile home  | Current value of the  |   |
| Dobbs Fe   | 1000000                                 | 10522-2620                              |                                       | Manufactured or mobile home and  | entire property?  | ns Secured by Property.  Current value of the portion you own?  |
| Dobbs Fe   | Ferry NY                                | 10522-2620<br>ZIP Code                  |                                       | Vanufactured or mobile home  | entire property?<br>\$516,000.00  | Current value of the portion you own?   |
| The second second second second second   | 1000000                                 |   |                                       | Manufactured or mobile home Land Investment property Firmeshare Other  | \$516,000.00  Describe the nature of y (such as fee simple, ten   | Current value of the portion you own?   |
| The second second second second second   | 1000000                                 |   | M                                     | Manufactured or mobile home Land Investment property Firmeshare Other S an interest in the property? Check one   | \$516,000.00  Describe the nature of y (such as fee simple, ten a life estate), if known.   | Current value of the portion you own? \$516,000.00  |
| The second second second second second   | 100000000000000000000000000000000000000 |   | Moho ha                               | Manufactured or mobile home Land Investment property Firmeshare Other  | \$516,000.00  Describe the nature of y (such as fee simple, ten   | Current value of the portion you own? \$516,000.00  |
| The second secon | 100000000000000000000000000000000000000 |   | M                                     | Manufactured or mobile home and nivestment property Fimeshare Other s an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | \$516,000.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  Fee Simple   | Current value of the portion you own? \$516,000.00 rour ownership interest ancy by the entireties, or |
| City   | 100000000000000000000000000000000000000 |   | M   M   M   M   M   M   M   M   M   M | Manufactured or mobile home and nivestment property Timeshare Other s an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another   | pentire property? \$516,000.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  Fee Simple  Check if this is con (see instructions)                  | Current value of the portion you own? \$516,000.00 rour ownership interest ancy by the entireties, or |
| City   | 100000000000000000000000000000000000000 |   | Who ha                                | Manufactured or mobile home and nivestment property Fimeshare Other s an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | pentire property? \$516,000.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  Fee Simple  Check if this is con (see instructions)                  | Current value of the portion you own? \$516,000.00 rour ownership interest ancy by the entireties, or |
| City   | 100000000000000000000000000000000000000 |   | Who ha                                | Vanufactured or mobile home Land Investment property Timeshare Other S an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Information you wish to add about this item  | pentire property? \$516,000.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  Fee Simple  Check if this is con (see instructions)                  | Current value of the portion you own? \$516,000.00 rour ownership interest ancy by the entireties, or |
| City   | 100000000000000000000000000000000000000 |   | Who ha                                | Vanufactured or mobile home Land Investment property Timeshare Other S an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Information you wish to add about this item  | pentire property? \$516,000.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  Fee Simple  Check if this is con (see instructions)                  | Current value of the portion you own? \$516,000.00 rour ownership interest ancy by the entireties, or |
| County  2. Add the dol   | State                                   | ZIP Code                                | Who ha                                | Vanufactured or mobile home Land Investment property Timeshare Other S an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Information you wish to add about this item  | strine property? \$516,000.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  Fee Simple  Check if this is con (see instructions)  n, such as local | Current value of the portion you own? \$516,000.00 rour ownership interest ancy by the entireties, or |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B

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| Debtor                     | 1 Arthur, Ma  | ry D.   | c  | ase number (if known)                                 |  |
|----------------------------|---|---|--|---|--|
| 3. Cars,                   | , vans, trucks, tra   | ctors, sport utility vel  | nicles, motorcycles  |   |  |
| П.,                        |   |   | 2,000, 000 (000) ( |   |  |
| □ No                       |   |   |  |   |  |
| ■ Yes                      | S   |   |  |   |  |
|                            |   |   |  | Do not dod at a consol of                             |  |
| 3.1 A                      | Make: Toyota  | <u> </u>  | Who has an interest in the property? Check one   | Do not deduct secured cla<br>the amount of any secure | aims or exemptions. Put<br>ed claims on Schedule D:  |
|                            | Model: Corolla  |   | Debtor 1 only  | Creditors Who Have Clair                              | ms Secured by Property .   |
|                            | ear: 2012   | *****   | Debtor 2 only  | Current value of the                                  | Current value of the   |
|                            | Approximate mileage:<br>Other information:  | 44000   | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   | entire property?                                      | portion you own?   |
|                            | oner information.   |   | At least one of the debtors and another  |   |  |
|                            |   |   | Check if this is community property (see instructions)   | \$7,994.00  | \$7,994.00   |
| you Part 3: Do you 6. Hous | the dollar value of<br>have attached for<br>Describe Your Per-<br>own or have any | Part 2. Write that nu sonal and Household It legal or equitable int furnishings | erest in any of the following items?   | =>  | \$7,994.00  Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|                            |   | nces, furniture, linens,  | china, kilchenware   |   |  |
|                            |   | Assorted Hous   | ehold Goods  |   | \$200.00   |
| 7. Elect                   | ronics  |   |  | W   |  |
| Exar                       | mples: Televisions<br>including or  | and radios; audio, video<br>all phones, cameras, m                              | o, stereo, and digital equipment; computers, printers,<br>nedia players, games   | scanners; music collections;                          | electronic devices   |
| 0.000                      | ***************************************   | Television, Lap   | top  | - 6   | \$200.00   |
|                            |   |   | rints, or other artwork; books, pictures, or other art o   | bjects; stamp, coin, or baseb                         | all card collections; other  |
| -0.00                      |   | memorabilia, collectib  | les  |   |  |
| ■ N                        |   |   |  |   |  |
| LI Y                       | es. Describe  |   |  |   |  |
|                            | instrument  | tographic, exercise, and  | d ather habby equipment; bicycles, pool tables, galf c   | lubs, skis; canoes and kayak                          | s; carpentry tools; musica   |
| 212775                     | es. Describe  |   |  |   |  |
| 10. Fire                   | arms  |   |  |   |  |
|                            |   | es, shotguns, ammuni  | tion, and related equipment  |   |  |
| ■ N                        |   |   |  |   |  |
| ☐ Y                        | es. Describe  |   |  |   |  |

Official Form 108A/B

Schedule A/B; Property

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| Debtor 1 Arthur, M   | Mary D.   |  | Case number (if known)         |  |
|--|---|--|--------------------------------|--|
| <u> </u>   | y clothes, furs, leather coats, designe                               | r wear, shoes, accessories   |                                |  |
| □ No   |   |  |                                |  |
| Yes. Describe  | Assorted personal cloth   | ina  |                                | \$200.00   |
|  | Assorted personal civili  | g  |                                | - 4200.00  |
| □ No   | totalen hitakon 1908kin hitakon kantalan esitaitakon e                | ent rings, wedding rings, heirloom jewe  | lry, watches, gems, gold, silv | er   |
| Yes. Describe  | assorted cosume jewer;  | у  |                                | \$200.00   |
|  |   |  |                                |  |
| <ol><li>Non-farm animals<br/>Examples: Dogs, cr</li></ol>        | ele birde boreae  |  |                                |  |
| No No  | ns, birds, norses   |  |                                |  |
| Yes. Describe  |   |  |                                |  |
| La Tea. Describe   |   |  |                                |  |
|  | l and household items you did not                                     | already list, including any health a   | ids you did not list           |  |
| ■ No   |   |  |                                |  |
| Yes. Give specific   | information   |  |                                |  |
|  |   |  |                                |  |
| 15. Add the dollar va  | lue of all of your entries from Part                                  | 3, including any entries for pages   | you have attached for          | 0.000000000  |
|  | number here   |  | VI                             | \$800.00   |
|  |   |  |                                |  |
| Part 4: Describe Your F  | inancial Assets   |  |                                |  |
|  | ny legal or equitable interest in an                                  | v of the following?  |                                | Current value of the   |
|  |   | •  |                                | portion you own?<br>Do not deduct secured<br>claims or exemptions. |
| 6. Cash  |   |  |                                |  |
|  | ou have in your wallet, in your home,                                 | in a safe deposit box, and on hand wh  | en you file your petition      |  |
| No No  |   |  |                                |  |
| ☐ Yes  |   |  |                                |  |
| instituti  |   | s; certificates of deposit; shares in cre<br>ith the same institution, list each.                                      | dit unions, brokerage houses   | , and other similar  |
| □ No   |   | Institution name:  |                                |  |
| ■ Yes  |   | mattator name.   |                                |  |
|  | 17.1. Checking Accou  | nt Wells Fargo Bank  |                                | \$100.0  |
|  |   |  |                                | ***************************************                            |
|  | ds, or publicly traded stocks<br>nds, investment accounts with broker | and firms, manay market accounts   |                                |  |
| ■ No   | nos, investment accounts with broker                                  | age nrms, money market accounts  |                                |  |
| Yes  | Institution or issuer na  | ime:   |                                |  |
| L 165  | mandon or isader no   |  |                                |  |
| <ol> <li>Non-publicly trade joint venture</li> <li>No</li> </ol> | d stock and interests in incorpora                                    | ted and unincorporated businesses  | s, including an interest in a  | in LLC, partnership, and   |
| 97E (1777)   | ic information about them   |  |                                |  |
|  | Name of entity:   | 10   | % of ownership:                |  |
|  |   |  |                                |  |
| Negotiable instrum   | ents include personal checks, cashier                                 | ble and non-negotiable instruments<br>rs' checks, promissory notes, and more<br>er to someone by signing or delivering | ney orders.                    |  |
| ☐ Yes. Give specific   | information about them  |  |                                |  |
|  | Issuer name:  |  |                                |  |
| Official Form 108A/B   |   | Schadula A/R: Property   |                                |  |

Schedule A/B: Property

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| D  | ebtor 1          | Arthur, Mar                                    | y D.   | Case number (if lond   | own)   |
|----|------------------|--|--|--|--|
| n. | D. V.            |  |  |  |  |
| 21 |                  | nent or pension<br>ples: Interests in          |  | 403(b), thrift savings accounts, or other pension or profit-share  | ring plans   |
|    |                  | List each accou                                | at connectally   |  |  |
|    | □ res.           | List each accou                                | Type of account:   | Institution name:  |  |
| 22 | Your si<br>Examp |  | d deposits you have made so                                    | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications compa  | anies, or others   |
|    | ■ No             |  |  | Institution name or individual:  |  |
|    | ☐ Yes.           |  |  | institution name or individual:  |  |
| 23 | Annuiti No       | ies (A contract f                              | or a periodic payment of mone                                  | ey to you, either for life or for a number of years)   |  |
|    | ☐ Yes            | 1  | ssuer name and description.                                    |  |  |
| 24 | 26 U.S.          |  | on IRA, in an account in a c<br>529A(b), and 529(b)(1).        | qualified ABLE program, or under a qualified state tuition p   | program.   |
|    | No.              |  | actitution name and description                                | on. Separately file the records of any interests.11 U.S.C. § 521/  | a).  |
|    | ☐ Yes            | 0.0000000000000000000000000000000000000        |  |  | 25%  |
| 25 |                  | equitable or fu                                | iture interests in property (                                  | other than anything listed in line 1), and rights or powers  | exercisable for your benefit   |
|    | ■ No             | Give enecific in                               | formation about them   |  |  |
|    |                  | 386573. 32                                     |  |  |  |
| 26 |                  |  |  | and other intellectual property<br>ads from royalties and licensing agreements   |  |
|    |                  | Give specific in                               | formation about them   |  |  |
| 07 |                  |  |  | 225  |  |
| 21 |                  |  | and other general intangibl<br>rmits, exclusive licenses, coop | ies<br>perative association holdings, liquor licenses, professional licen  | ses  |
|    | ■ No             |  |  |  |  |
|    | ☐ Yes.           | Give specific in                               | formation about them   |  |  |
| М  | oney or          | property owed                                  | to you?  |  | Current value of the<br>portion you own?<br>Do not deduct secured<br>claims or exemptions. |
| 28 | . Tax ref        | unds owed to                                   | vou  |  |  |
|    | No.              |  |  |  |  |
|    | ☐ Yes.           | Give specific inf                              | ormation about them, includin                                  | g whether you already filed the returns and the tax years  |  |
|    |                  |  |  |  | ¥i-  |
| 29 | Examp            | support<br>ples: Past due o                    | r lump sum alimony, spousal                                    | support, child support, maintenance, divorce settlement, proj  | perty settlement   |
|    | ■ No             | Give specific inf                              | ormation   |  |  |
|    | LI Tes.          | Give specific ini                              | ormation   |  |  |
| 30 |                  | amounts some<br>bles: Unpaid was<br>unpaid loa |  | ents, disability benefits, sick pay, vacation pay, workers' comp<br>se   | ensation, Social Security benefits;  |
|    | ■ No             | Oi 27 1  | 20   |  |  |
|    | ⊔ Yes.           | Give specific in                               | rormation  |  |  |
| 31 | Examp            | ts in insurance<br>ples: Health, disa          | policies<br>ability, or life insurance; health                 | savings account (HSA); credit, homeowner's, or renter's insur  | ance   |
|    | ■ No             |  |  | The state of the s |  |
|    | ☐ Yes.           | mame the insur                                 | ance company of each policy a<br>Company name:                 | and list its value.  Beneficiary:  | Surrender or refund  |

Official Form 106A/B

Schedule A/B: Property

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| Det          | otor 1                       | Arthur, Mary D.  |   | Case number (if known)          |                             |
|--------------|------------------------------|--|---|---------------------------------|-----------------------------|
| 32           | Any int<br>If you a<br>died, | erest in property that is due you from someone who have<br>the beneficiary of a living trust, expect proceeds from a life  | s died<br>a insurance policy, or are o          | currently entitled to receive p | roperty because someone has |
|              | ■ No                         |  |   |                                 |                             |
| Г            | □ Yes.                       | Give specific information  |   |                                 |                             |
|              |                              | against third parties, whether or not you have filed a la<br>les: Accidents, employment disputes, insurance claims, or   |   | for payment                     |                             |
| 100          |                              | Describe each claim  |   |                                 |                             |
|              | Other c                      | ontingent and unliquidated claims of every nature, Incl  | uding counterclaims of                          | the debtor and rights to se     | et off claims               |
|              |                              | Describe each claim  |   |                                 |                             |
|              |                              | ancial assets you did not already list   |   |                                 |                             |
|              | ■ No<br>□ Yes.               | Give specific information  |   |                                 |                             |
|              | 2000                         |  |   |                                 |                             |
| 36.          | Add t<br>Part 4              | ne dollar value of all of your entries from Part 4, includi<br>. Write that number here  | ng any entries for pages                        | you have attached for           | \$100.00                    |
| Part         | t 5: Des                     | scribe Any Business-Related Property You Own or Have an Int  | erest In. List any real estat                   | e in Part 1.                    |                             |
| 37. <b>t</b> | Do you o                     | wn or have any legal or equitable interest in any business-rela  | ited property?                                  |                                 | ;                           |
|              | No. Go                       | to Part 6.   | CONCUST TO CAUSE, THE DESCRIPTION OF THE SECOND |                                 |                             |
|              | Yes. G                       | to line 38.  |   |                                 |                             |
|              |                              |  |   |                                 |                             |
| Pari         |                              | scribe Any Farm- and Commercial Fishing-Related Property Yo<br>ou own or have an interest in farmland, list it in Part 1.  | ou Own or Have an Interest                      | In.                             |                             |
| 46.          |                              | own or have any legal or equitable interest in any farm<br>Go to Part 7.   | or commercial fishing-                          | related property?               |                             |
|              | ☐ Yes                        | Go to line 47.   |   |                                 |                             |
|              |                              |  |   |                                 |                             |
| Part         | t 7:                         | Describe All Property You Own or Have an Interest in That Y  | ou Did Not List Above                           |                                 |                             |
| 53.          |                              | have other property of any kind you did not already lis<br>les: Season tickets, country club membership  | 1?  |                                 |                             |
|              | No                           | A V Propositivi di paggio di 190 di 1 |   |                                 |                             |
|              |                              | Sive specific information  |   |                                 |                             |
| 54.          | Add t                        | he dollar value of all of your entries from Part 7. Write the  | hat number here                                 |                                 | \$0.00                      |
| Par          | t 8:                         | List the Totals of Each Part of this Form  |   |                                 |                             |
| 55.          | Part 1                       | : Total real estate, line 2  |   |                                 | \$516,000.00                |
| 56.          | Part 2                       | : Total vehicles, line 5   | \$7,994.00                                      |                                 | \$510,000.00                |
| 57.          | Part 3                       | : Total personal and household items, line 15  | \$800.00  |                                 |                             |
| 58.          | Part 4                       | : Total financial assets, line 36  | \$100.00  |                                 |                             |
| 59.          | Part 5                       | : Total business-related property, line 45   | \$0.00  |                                 |                             |
| 60.          |                              | : Total farm- and fishing-related property, line 52  | \$0.00  |                                 |                             |
| 61.          |                              | : Total other property not listed, line 54   | + \$0.00  |                                 |                             |
| 62.          | Total                        | personal property. Add lines 56 through 61   | \$8,894.00                                      | Copy personal property to       | tal \$8,894.00              |
| 63.          | Total                        | of all property on Schedule A/B. Add line 55 + line 62   |   | 1                               | \$524,894.00                |
|              |                              |  |   |                                 | - 402 1,004.00              |

Official Form 106A/B

Schedule A/B: Property

page 5

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| Fill in th                | nis information to identif | y your case:                  |                           | 104                                    |
|---------------------------|----------------------------|-------------------------------|---------------------------|--|
| Debtor 1                  | Mary D. Arthur             | Middle Name                   | Last Mana                 |  |
| Debtor 2                  | rital Name                 | MICCIG NOTES                  | Last Name                 |  |
| (Spouse if, filing)       | First Name                 | Middle Name                   | Last Name                 | ====================================== |
| United States Ba          | ankruptcy Court for the:   | SOUTHERN DISTRICT<br>DIVISION | OF NEW YORK, WHITE PLAINS |  |
| Case number<br>(if known) |                            |                               |                           | Check if this is a amended filing      |

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedulo A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa    | Identify the Property You Claim as I   | Exempt  |        |   |                                    |  |  |  |  |
|-------|--|---|--------|---|------------------------------------|--|--|--|--|
| 1,    | Which set of exemptions are you claiming   | ? Check one only, even  | if you | r spouse is filing with you.                                    |                                    |  |  |  |  |
|       | You are claiming state and federal nonbank   | cruptcy exemptions. 11  | U.S.C  | . § 522(b)(3)   |                                    |  |  |  |  |
|       | ☐ You are claiming federal exemptions. 11 L  | J.S.C. § 522(b)(2)  |        |   |                                    |  |  |  |  |
| 2.    | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |   |        |   |                                    |  |  |  |  |
|       | Brief description of the property and line on<br>Schedule A/B that lists this property             | Current value of the portion you own                                    | Am     | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |  |
|       |  | Copy the value from Check only one box for each exemption. Schedulo A/B |        |   |                                    |  |  |  |  |
|       | Toyota<br>Corolla  | \$7,994.00  |        | \$4,425.00  | N.Y. Debt & Cred. Law §            |  |  |  |  |
|       | 2012<br>44000<br>Line from Schedule A/B: 3.1   |   |        | 100% of fair market value, up to any applicable statutory limit | 282(1)                             |  |  |  |  |
|       | Assorted Household Goods   | \$200.00  |        |   | N.Y. Civ. Prac. Law and Rules      |  |  |  |  |
|       | Line from Schedule A/B: 6.1  |   |        | 100% of fair market value, up to any applicable statutory limit | § 5205(a)(5)                       |  |  |  |  |
|       | Television, Laptop   | \$200.00  |        |   | N.Y. Civ. Prac. Law and Rules      |  |  |  |  |
|       | Line from Schedule A/B: 7,1  |   |        | 100% of fair market value, up to any applicable statutory limit | § 5205(a)(5)                       |  |  |  |  |
|       | assorted cosume jewer;y  | \$200.00  |        |   | N.Y. Civ. Prac. Law and Rules      |  |  |  |  |
|       | Line from Schedule A/B. 12.1   |   |        | 100% of fair market value, up to any applicable statutory limit | § 5205(a)(6)                       |  |  |  |  |
| :W::: | Wells Fargo Bank   | \$100.00  |        | 71 A  | N.Y. Civ. Prac. Law and Rules      |  |  |  |  |
|       | Line from Schedule A/& 17.1  |   |        | 100% of fair market value, up to any applicable statutory limit | § 5205(a)(9)                       |  |  |  |  |

Official Form 106C

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| 3. |      | claiming a homestead exemption of more than \$160,375?<br>to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) |  |  |  |  |  |
|----|------|--|--|--|--|--|--|
|    | ■ No |  |  |  |  |  |  |
|    | Yes. | Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  |  |  |  |  |  |
|    |      | No   |  |  |  |  |  |
|    |      | Yes  |  |  |  |  |  |

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| Fill in this inf   | ormation to ident      | ify your case:   |   |                             |                      |
|--|------------------------|--|---|-----------------------------|----------------------|
|  | lary D. Arthur         | 2247 (1970)  |   |                             |                      |
|  | rst Name               | Middle Name Last Name  |   | }                           |                      |
| Debtor 2<br>(Spouse if, filing) Fi   | rst Name               | Middle Name Last Name  |   |                             |                      |
|  |                        | SOLITHEDN DISTRICT OF NEW YORK I   | VILITE DI AING                            |                             |                      |
| United States Bankrup  | otcy Court for the:    | SOUTHERN DISTRICT OF NEW YORK, V<br>DIVISION   | VHITE PLAINS                              | .                           |                      |
| Case number  |                        |  |   |                             |                      |
| (#known)   |                        |  |   | ☐ Check                     | if this is an        |
|  |                        |  |   | amend                       | ed filing            |
| Official Form 10   | 06D                    |  |   |                             |                      |
| Schedule D:  | Creditors              | Who Have Claims Secure   | ed by Propert                             | У                           | 12/15                |
| Be as complete and acc   | urate as possible. It  | two married people are filing together, both are e   | qually responsible for sur                | pplying correct informati   | on. If more space is |
| needed, copy the Addition<br>known).   | onal Page, fill it out | number the entries, and attach it to this form. On   | the top of any additional                 | pages, write your name      | and case number (i   |
| 1. Do any creditors have   | claims secured by      | your property?   |   |                             |                      |
| ☐ No. Check this   | box and submit thi     | s form to the court with your other schedules. Yo  | u have nothing else to re                 | port on this form.          |                      |
| Yes. Fill in all of  |                        |  | •   |                             |                      |
|  | cured Claims           |  |   |                             |                      |
| THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED |                        | and the second second selection. Het they would be a second  | . Column A                                | Column B                    | Column C             |
|  |                        | ore than one secured claim, list the creditor separate<br>a particular claim, list the other creditors in Part 2. As | Amount of claim                           | Value of collateral         | Unsecured            |
| much as possible, list the   | claims in alphabetic   | al order according to the creditor 's name.  | Do not deduct the<br>value of collateral. | that supports this<br>claim | portion              |
| 2.1 Capital One A  | luto Finan             | Describe the property that secures the claim:  | \$3,833.00                                | \$0.00                      | f any<br>\$3,833.00  |
| Creditor's Name  |                        | 7  |   |                             |                      |
|  |                        |  |   |                             |                      |
| DO D 0504  |                        | As of the date you file, the claim is: Check all that  |   |                             |                      |
| PO Box 25946<br>Plano, TX 750  | 그리지 않는 아이들이 아이         | apply.   |   |                             |                      |
| Number, Street, City,  |                        | Contingent   |   |                             |                      |
| Namuer, aced, ony,   | atate a zip code       | ☐ Unliquidated ☐ Disputed  |   |                             |                      |
| Who owes the debt?   | Check one.             | Nature of lien. Check all that apply.  |   |                             |                      |
| Debtor 1 only  |                        | An agreement you made (such as mortgage or s   | ecured                                    |                             |                      |
| Debtor 2 only  |                        | car loan)  |   |                             |                      |
| Debtor 1 and Debtor  | 2 only                 | ☐ Statutory lien (such as tax lien, mechanic's lien)   |   |                             |                      |
| ☐ At least one of the de   | btors and another      | ☐ Judgment lien from a lawsuit   |   |                             |                      |
| Check if this claim r  | elates to a            | Other (including a right to offset)  |   |                             |                      |
| Date debt was incurred   | 2016-04                | Last 4 digits of account number 1001   | 19  |                             |                      |
|  | -                      |  |   |                             |                      |
| Santander Co   | nsumer                 |  | 12122104204                               | 10000000000                 | 30-1500 AVM 0500     |
| USA  | COLONIA COMO           | Describe the property that secures the claim:  | \$16,943.00                               | \$0.00                      | \$16,943.00          |
| Creditor's Name  |                        |  |   |                             |                      |
|  |                        |  |   |                             |                      |
| PO Box 9612  | 45                     | As of the date you file, the claim is: Check all that  | 38  |                             |                      |
| Ft Worth, TX   |                        | apply.  Contingent   |   |                             |                      |
| Number, Street, City,  |                        | Unliquidated   |   |                             |                      |
|  |                        | ☐ Disputed   |   |                             |                      |
| Who owes the debt?   | Check one.             | Nature of lien. Check all that apply,  |   |                             |                      |
| Debtor 1 only  |                        | An agreement you made (such as mortgage or s   | ecured                                    |                             |                      |
| Debtor 2 only  |                        | car loan)  |   |                             |                      |
| Debtor 1 and Debtor  | 2 only                 | ☐ Statutory lien (such as tax lien, mechanic's lien)   |   |                             |                      |
| At least one of the de   |                        | ☐ Judgment lien from a lawsuit   |   |                             |                      |
| Check if this claim r<br>community debt  | relates to a           | Other (including a right to offset)  |   |                             |                      |
|  |                        |  |   |                             |                      |

Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property

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| First Name Middle Name  | Last Name  |              | ***          |        |
|---|--|--------------|--------------|--------|
|   |  |              |              |        |
| 2.3 Selene Finance Describe   | the property that secures the claim              | \$515,589.00 | \$516,000.00 | \$0.00 |
| 10522-2   | en Ave, Dobbs Ferry, NY<br>2620                  |              |              | 1,0000 |
| 9990 Richmond Ave Ste 400 Houston, TX 77042-4546  As of the apply. □ Contin | date you file, the claim is: Check all t<br>gent | nat          |              |        |
| Number, Street, City, State & Zip Code Unitiqu                              | Idated   |              |              |        |
| Who owes the debt? Check one. Nature o                                      | ed<br>f lien. Check all that apply.              |              |              |        |
| A.M.  | reement you made (such as mortgage               | or secured   |              |        |
| ☐ Debtor 1 and Debtor 2 only ☐ Statute                                      | ory lien (such as tax lien, mechanic's li        | en)          |              |        |
| ☐ At least one of the debtors and another ☐ Judgm                           | nent lien from a lawsuit                         |              |              |        |
| ☐ Check if this claim relates to a ☐ Other community debt                   | (including a right to offset)                    |              |              |        |
| Date debt was incurred La   | st 4 digits of account number                    | 801          |              |        |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| Fill in this in                          | nformation to identify you   | ır case:  |   |   |                             |
|--|--|---|---|---|-----------------------------|
| Debtor 1                                 | Mary D. Arthur   |   |   |   |                             |
|  | First Name   | Middle Name   | Last Name   |   |                             |
| Debtor 2<br>(Spause if, filing)          | Circa Manage   | The distriction of the second   |   |   |                             |
| (appuse it, ning)                        | First Name   | Middle Name   | Last Name   |   |                             |
| United States E                          | Bankruptcy Court for the:  | SOUTHERN DISTRICT OF NEW DIVISION   | YORK, W   | HITE PLAINS   |                             |
| Case number                              | 30   |   |   | 1   |                             |
| (if known)                               |  |   |   |   | Check if this is an         |
|  |  |   |   |   | amended filing              |
| Official Fo                              | rm 106F/F  |   |   |   |                             |
|  |  | ho Have Unsecured C   | laime   |   | 12/15                       |
|  |  |   |   | art 2 for creditors with NONPRIORITY  |                             |
| case number (if I<br>Part 1: List        | known).<br>All of Your PRIORITY Un   | secured Claims  |   | at Part. On the top of any additional pa  |                             |
| <ol> <li>Do any cred</li> </ol>          | ditors have priority unsecure  | d claims against you?   |   |   |                             |
| No. Go to                                | o Part 2.  |   |   |   |                             |
| ☐ Yes.                                   |  |   |   |   |                             |
| Part 2: List                             | All of Your NONPRIORIT   | Y Unsecured Claims  |   |   |                             |
| 3. Do any cred                           | ditors have nonpriority unsec  | ured claims against you?  |   |   |                             |
| ☐ No. You                                | have nothing to report in this p   | art. Submit this form to the court with you   | ır other sche                                       | dules.  |                             |
| Yes.                                     |  |   |   |   |                             |
| unsecured c                              | laim, list the creditor separately   | y for each claim. For each claim listed, id   | entify what t                                       | holds each claim. If a creditor has more<br>ype of claim it is. Do not list claims already<br>three nonpriority unsecured claims fill out | included in Part 1. If more |
| 4.1 Amer                                 | imark Premier  | Last 4 digits of accou  | nt number   | 904A  |                             |
|  | ority Creditor's Name  | Last 4 digits of accou  | menumber  | 904A  | \$508.00                    |
|  |  | When was the debt in  | curred?   | 2016-07   |                             |
| 5795.600                                 | the same of the sa |   |   |   |                             |
| РОВ                                      | ox 2845  |   |   |   | -                           |
| PO B<br>Monr                             | oe, WI 53566-8045  | As of the date you file   | the claim   | is: Check all that apply  |                             |
| PO B<br>Monr                             |  | As of the date you file   | , the claim   | is: Check all that apply  | _                           |
| PO B<br>Monro<br>Number<br>Who in        | oe, WI 53566-8045<br>r Street City State Zlp Code  |   | , the claim   | is: Check all that apply  | _                           |
| PO B<br>Monri<br>Number<br>Who in        | oe, WI 53566-8045<br>ir Street City State Zip Code<br>icurred the debt? Check one.<br>stor 1 only  | As of the date you file   | s, the claim  | is: Check all that apply  | _                           |
| PO B<br>Monre<br>Number<br>Who in<br>Deb | oe, WI 53566-8045<br>ir Street City State Zlp Code<br>courred the debt? Check one.   | ☐ Contingent  | , the claim   | is: Check all that apply  | _                           |
| PO B<br>Monro<br>Number<br>Who in<br>Deb | oe, WI 53566-8045 r Street City State Zip Code curred the debt? Check one. otor 1 only otor 2 only   | ☐ Contingent☐ Unliquidated☐ Disputed  |   |   | _                           |
| PO B Monri Number Who in Deb             | oe, WI 53566-8045 ir Street City State Zip Code icurred the debt? Check one. oter 1 only oter 2 only oter 1 and Debter 2 only  | ☐ Contingent ☐ Unliquidated ☐ Disputed other Type of NONPRIORIT   |   |   | _                           |
| PO B Monro Numbe Who in Deb Deb At le    | oe, WI 53566-8045 ir Street City State Zip Code icurred the debt? Check one, ofor 1 only ofor 2 only ofor 1 and Debtor 2 only east one of the debtors and an   | Contingent Unliquidated Disputed Type of NONPRIORIT nunity Student loans Obligations arising of                           | Y unsecure  |   | not                         |
| PO B Monri Number Who in Deb             | oe, WI 53566-8045 ir Street City State Zip Code icurred the debt? Check one, ofor 1 only ofor 2 only ofor 1 and Debtor 2 only east one of the debtors and an   | Contingent Unliquidated Disputed Type of NONPRIORIT munity Student loans Obligations arising of report as priority claims | Y unsecure<br>out of a seps                         | d claim:<br>aration agreement or divorce that you did r   | not                         |
| PO B Monro Numbe Who in Deb Deb At le    | oe, WI 53566-8045 In Street City State Zip Code Incurred the debt? Check one, offer 1 only offer 2 only offer 1 and Debtor 2 only east one of the debtors and an each if this claim is for a com-  | Contingent Unliquidated Disputed Type of NONPRIORIT munity Student loans Obligations arising of report as priority claims | Y unsecure<br>out of a seps<br>or<br>profit-sharing | d claim:<br>aration agreement or divorce that you did r<br>ig plans, and other similar debts  | not                         |

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| Debto | Arthur, Mary D.   |                                    | Case number (f known)  |            |  |  |
|-------|---|------------------------------------|--|------------|--|--|
| 4.2   | Capital One Bank USA N<br>Nonpriority Creditor's Name               | Last 4 digits of account number    | 1936   | \$3,608.00 |  |  |
|       | PO Box 30281<br>Salt Lake City, UT 84130-0281                       | When was the debt incurred?        | 2012-11  |            |  |  |
|       | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply   |            |  |  |
|       | Debtor 1 only   | ☐ Contingent                       |  |            |  |  |
|       | Debtor 2 only   | ☐ Unliquidated                     |  |            |  |  |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed                         |  |            |  |  |
|       | At least one of the debtors and another                             | Type of NONPRIORITY unsecured      | d claim:   |            |  |  |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans                    |  |            |  |  |
|       | debt<br>Is the claim subject to offset?                             | report as priority claims          | ration agreement or divorce that you did not   |            |  |  |
|       | ■ No  | Debts to pension or profit-sharing | ig plans, and other similar debts  |            |  |  |
|       | Yes   | Other. Specify Revolving           | account  |            |  |  |
| 4.3   | Citibank N.A.<br>Nonpriority Creditor's Name                        | Last 4 digits of account number    | 4543   | \$434.00   |  |  |
|       |   | When was the debt incurred?        | 2017-02  |            |  |  |
|       | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply   |            |  |  |
|       | Debtor 1 only   | ☐ Contingent                       |  |            |  |  |
|       | Debtor 2 only   | Unliquidated                       |  |            |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | Disputed                           | Disputed   |            |  |  |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecure       | d claim:   |            |  |  |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans                    |  |            |  |  |
|       | debt  |                                    | aration agreement or divorce that you did not  |            |  |  |
|       | Is the claim subject to offset?                                     | report as priority claims          |  |            |  |  |
|       | ■ No  | Debts to pension or profit-sharin  |  |            |  |  |
|       | ☐ Yes   | Other, Specify Open acco           | ount   |            |  |  |
| 4.4   | Comenity Capital Bank Nonpriority Creditor's Name                   | Last 4 digits of account number    | 9316   | \$624.00   |  |  |
|       |   | When was the debt incurred?        | 2015-11  |            |  |  |
|       | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply   |            |  |  |
|       | Debtor 1 only   | ☐ Contingent                       |  |            |  |  |
|       | Debtor 2 only   | ☐ Unliquidated                     |  |            |  |  |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed                         |  |            |  |  |
|       | At least one of the debtors and another                             | Type of NONPRIORITY unsecure       | d claim:   |            |  |  |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans                    |  |            |  |  |
|       | debt  |                                    | aration agreement or divorce that you did not  |            |  |  |
|       | Is the claim subject to offset?                                     | report as priority claims          | an along and attended to 1 and |            |  |  |
|       | ■ No  | Debts to pension or profit-sharing |  |            |  |  |
|       | Yes   | Other, Specify Open acco           | ount   |            |  |  |

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| Debtor 1                              | Arthur, N  | lary D.                                  |  | Case n     | ımber (f known)                              |                                |
|---------------------------------------|--|--|--|------------|--|--------------------------------|
|                                       | eico Inde  | mnity Company                            | Last 4 digits of account number  | 6374       |  | \$342.00                       |
| No                                    | onpriority Cre-  | ators Name                               | When was the debt incurred?  | 2017       | -03  | =======                        |
|                                       |  | City State ZIp Code the debt? Check one. | As of the date you file, the claim   | is: Check  | all that apply                               |                                |
| _                                     | Debtor 1 on  |  | ☐ Contingent   |            |  |                                |
| 2.6                                   | Debtor 2 on  |  | ☐ Unliquidated   |            |  |                                |
|                                       |  | d Debtor 2 only                          | ☐ Disputed   |            |  |                                |
| 3200                                  |  | of the debtors and another               | Type of NONPRIORITY unsecure   | ed claim:  |  |                                |
|                                       |  | is claim is for a community              | Student loans  |            |  | Serve Serve                    |
| 1000                                  |  | bject to offset?                         | Obligations arising out of a sep<br>report as priority claims  | aration ag | reement or divorce that you                  | aid not                        |
| 100                                   | l <sub>No</sub>  |  | Debts to pension or profit-shari   | ing plans, | and other similar debts                      |                                |
|                                       | ] Yes  |  | Other, Specify Open acco   | ount       |  |                                |
| Use this p<br>is trying t<br>have mor | page only if y<br>to collect fro<br>re than one c        | you have others to be notified           | bt That You Already Listed<br>about your bankruptcy, for a debt that ;<br>omeone else, list the original creditor i<br>at you listed in Parts 1 or 2, list the add<br>or submit this page. | n Parts 1  | or 2, then list the collection               | agency here. Similarly, if you |
| ame and A                             |  | <u> </u>                                 | On which entry in Part 1 or Part 2 did yo  |            |  |                                |
| redit C                               | ollection  | Serv                                     |  |            | Creditors with Priority Unsec                |                                |
|                                       | d, MA 020  | 62-0607                                  |  | Part 2:    | Creditors with Nonpriority U                 | nsecured Claims                |
|                                       |  | 32/3321/                                 | Last 4 digits of account number  | 6          | 374  |                                |
| lame and A                            |  |  | On which entry in Part 1 or Part 2 did yo  |            | 0.70 (c) |                                |
|                                       | Funding<br>rthside Di                                    | r Ste 30                                 |  |            | Creditors with Priority Unsec                |                                |
|                                       | go, CA 92  |  |  | Part 2:    | Creditors with Nonpriority U                 | nsecured Claims                |
| 10000000                              | 16 18 20 19 20 19 16<br>11 1                             |  | Last 4 digits of account number  | 4          | 543  |                                |
| ame and A                             | ) (17 17 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18 | 0.0000000                                | On which entry in Part 1 or Part 2 did yo  |            |  | 200-20000                      |
|                                       | Recov A  |  |  |            | Creditors with Priority Unser                |                                |
|                                       | VA 23502   |  | 91   | Part 2:    | Creditors with Nanpriority U                 | nsecured Claims                |
|                                       | 39   |  | Last 4 digits of account number  | 9          | 316  |                                |
| art 4:                                | Add the Ar   | mounts for Each Type of U                | nsecured Claim   |            |  |                                |
| Total the type of ur                  | amounts of<br>nsecured cla                               | certain types of unsecured claim.        | aims. This information is for statistical  | reporting  | purposes only. 28 U.S.C.                     | §159. Add the amounts for each |
|                                       | 3855   | 2970004070040000000000000000000000000000 |  |            | Total Claim                                  |                                |
| otal claim                            | 6a.  | Domestic support obligation              | ns .   | 6а.        | s  | 0.00                           |
| otal claim<br>from Part               |  | Taxes and certain other deb              | ts you owe the government  | 6h.        | S  | 0.00                           |
|                                       | 6c.  | Claims for death or persona              | l injury while you were intoxicated  | 6c.        | s  | 0.00                           |
|                                       | 6d.  | Other. Add all other priority ur         | secured claims. Write that amount here.  | 6d.        | s  | 0.00                           |
|                                       | 6e.  | Total Priority. Add lines 6a th          | rough 6d.  | 6e.        | s  | 0.00                           |
|                                       |  |  |  |            | <u> </u>                                     |                                |
|                                       | 6f.  | Student loans                            |  | 6f.        | Total Claim<br>\$                            | 0.00                           |
| otal claim<br>from Part               |  | Obligations existing out of a            | separation agreement or divorce that   |            | 2/0 <del>H</del>                             | The second second              |
| om Part                               | 1801   | you did not report as priorit            | y claims   | 6g.        | \$   | 0.00                           |
|                                       | 6h.  |  | haring plans, and other similar debts  | 6h.        | \$   | 0.00                           |
|                                       | 61.  | Other, Add all other nonprioril<br>here. | y unsecured claims. Write that amount  | Gi.        | \$5  | ,516.00                        |
|                                       | 6j.  | Total Nonpriority. Add lines             | 6f through 6i.   | 6j.        | \$ 5   | ,516.00                        |

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|          | Fill in thi   | is information to iden  |  |                    |   |                                  |
|----------|---|---|--|--------------------|---|----------------------------------|
| Debte    | or 1  | Mary D. Arthur  |  |                    | SHOW AND ADVIANCE OF THE PARTY | 7                                |
|          |   | First Name  | Middle Na  | ame                | Last Name   | 10                               |
| Debte    | or 2<br>se if, filing)  | First Name  | Middle Na  |                    | Last Name   |                                  |
| орона    | 10 H, HIII(J)   | riistivanie   |  |                    | Last Name   |                                  |
| Jnite    | d States Bar  | nkruptcy Court for the:   | SOUTHERN   | DISTRICT OF I      | NEW YORK, WHITE PLAINS  |                                  |
|          | number  |   |  |                    |   | S.                               |
| (if knav | wn)   |   |  | 7.                 |   | ☐ Check if this is an            |
|          |   |   |  |                    |   | amended filing                   |
|          |   | rm 106G   | C t  | -4 1               | In continual I seese  |                                  |
|          |   |   |  |                    | Unexpired Leases ling together, both are equally respons  | 12/15                            |
|          | .ist separate   | ely each person or co   | mpany with who                                     | om you have th     | s are listed on Schedule A/B:Property(Off<br>e contract or lease. Then state what ea  | ch contract or lease is for (for |
| U        | inexpired lea   | company with whom   | you have the co                                    | ontract or lease   | nis form in the instruction booklet for more State what the contract or lease   |                                  |
| e        | inexpired lea   | ses. company with whom  | you have the co                                    | ontract or lease   | nis form in the instruction booklet for more  |                                  |
| U        | Person or   | ses. company with whom  | you have the co                                    | ontract or lease   | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or o   | company with whom<br>Name, Number, Street, C                    | you have the co                                    | ontract or lease   | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or o   | company with whom<br>Name, Number, Street, C                    | you have the co                                    | ontract or lease   | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or o   | company with whom<br>Name, Number, Street, C                    | you have the co                                    | ontract or lease   | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or o   | company with whom<br>Name, Number, Street, C                    | you have the co                                    | ontract or lease   | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or o  Name  Number  City  Name   | ses.  company with whom Name, Number, Street, C                 | you have the co<br>ity, State and ZIP Coo<br>State | ontract or lease   | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or o  Name  Number  City  Name   | ses.  company with whom Name, Number, Street, C                 | you have the co                                    | ontract or lease   | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or o  Name  Number  City  Name   | ses.  company with whom Name, Number, Street, C                 | you have the co<br>ity, State and ZIP Coo<br>State | ontract or lease   | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or o  Name  Number  City  Name  Number  City   | ses.  company with whom Name, Number, Street, C                 | you have the co<br>ity, State and ZIP Coo<br>State | ontract or lease   | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or o  Name  Number  City  Name  Number  City  Name  Number   | ses.  company with whom Name, Number, Street, C                 | you have the co<br>ity, State and ZIP Coo<br>State | ontract or lease   | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or o  Name  Number  City  Name  Number  City  Name  Number   | ses.  company with whom Name, Number, Street, C                 | you have the co<br>ity, State and ZIP Coo<br>State | ZIP Code           | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or o  Name  Number  City  Name  Number  City  Name  Number  City  City  City  City  City  City                                   | ses.  company with whom Name, Number, Street, C                 | you have the co<br>ity, State and ZIP Coo<br>State | ZIP Code           | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or of Name Number City Name Number City Name Number City Name Number City Name   | ses.  company with whom Name, Number, Street, C  Street  Street | you have the co<br>ity, State and ZIP Coo<br>State | ZIP Code           | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or of Name Number City Name Number City Name Number City Name Number City Name City City Name City City City Name City City Name | ses.  company with whom Name, Number, Street, C  Street  Street | you have the co                                    | ZIP Code  ZIP Code | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or of Name Number City Name Number City Name Number City Name Number Number Number   | ses.  company with whom Name, Number, Street, C  Street  Street | you have the co                                    | ZIP Code  ZIP Code | nis form in the instruction booklet for more  |                                  |
| 2.1      | Person or of Name Number City Name Number City Name Number City Name Number City Name City City Name City City City Name City City Name | ses.  company with whom Name, Number, Street, C  Street  Street | you have the co                                    | ZIP Code  ZIP Code | nis form in the instruction booklet for more  |                                  |

Official Form 106G

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|  |  |  | 1 9 14 01 10   |  |                          |
|--|--|--|--|--|--------------------------|
| Fill in                                    | this information to ider                                 | ntify your case:   |  |  |                          |
| Debtor 1                                   | Mary D. Arthur   |  |  |  |                          |
|  | First Name   | Middle Name  | Last Name  |  |                          |
| Debtor 2<br>(Spouse if, filing)            | First Name   | Middle Name  | Last Name  |  |                          |
| United States F                            | Bankruptcy Court for the                                 | SOUTHERN DISTRICT  |  | E PLAINS   |                          |
| Case number                                |  |  |  |  |                          |
| (if known)                                 |  | 70   |  | ☐ Check if this i  |                          |
|  | orm 106H<br>e H: Your Co                                 | dobtoro  |  |  |                          |
| Schedul                                    | e H: Your Co   | deptors  |  |  | 12/15                    |
| and number th<br>case number (i            | e entries in the boxes of<br>if known). Answer ever      | on the left. Attach the Addit                              | ional Page to this page                              | ore space is needed, copy the Additional Page,  On the top of any Additional Pages, write you  a codebior. | r name and               |
| 92   |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                    |  |  |                          |
| ■ No<br>□ Yes                              |  |  |  |  |                          |
| □ Yes                                      |  |  |  |  |                          |
| <ol><li>Within t<br/>California,</li></ol> | the last 8 years, have yo<br>Idaho, Louisiana, Nevad     | ou lived in a community pro<br>da, New Mexico, Puerto Rico | operty state or territory<br>, Texas, Washington, ar | /? (Community property states and territories included Wisconsin.)   | de Arizona,              |
| ■ No. Go                                   | to line 3.   |  |  |  |                          |
| ☐ Yes. Did                                 | d your spouse, former spo                                | ouse, or legal equivalent live w                           | vith you at the time?                                |  |                          |
| 3. In Column                               | 1, list all of your codel                                | btors. Do not include your                                 | spouse as a codebtor i                               | f your spouse is filing with you. List the persor  | ı shown in               |
| line 2 agai<br>106D), Sci<br>Column 2      | hedule E/F (Official For                                 | that person is a guarantor<br>m 106E/F), or Schedule G (   | or cosigner. Make sur<br>Official Form 106G). Us     | e you have listed the creditor on Schedule D (C<br>se Schedule D, Schedule E/F, or Schedule G to           | fficial Forn<br>fill out |
|  | mn 1: Your codebtor<br>a, Number, Street, City, State an | d ZIP Code   |  | Column 2: The creditor to whom you owe<br>Check all schedules that apply:                                  | the debt                 |
| 3.1  |  |  |  | ☐ Schedule D, line   |                          |
| Name                                       | ė  |  |  | ☐ Schedule E/F, line   |                          |
|  |  |  |  | ☐ Schedule G, line   |                          |
| Num!<br>City                               | ber Street   | State  | 700 0040   | _  |                          |
| City                                       |  | 21809  | ZIP Code   |  |                          |
| 3.2  |  |  |  | ☐ Schedule D, line   |                          |
| Name                                       | е  |  |  | Schedule E/F, line   |                          |
|  |  |  |  | ☐ Schedule G, line   |                          |
| Numi                                       | ber Street   | 92395°   | \$200000 ACMA  |  |                          |
| City                                       |  | State  | ZIP Code   |  |                          |

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| Fill         | in this information to identify your   | ase:   | Supposed Bridge                    | TO SHE    | 20    |   |            |                        |           |
|--------------|--|--|------------------------------------|-----------|-------|---|------------|------------------------|-----------|
| Det          | otor 1 Mary D. Ar  | thur   |                                    |           |       |   |            |                        |           |
| 70.77        | otor 2<br>use, if filing)  |  |                                    |           | -88   |   |            |                        |           |
| Unit         | led States Bankruptcy Court for the  | e: SOUTHERN DISTRIC<br>PLAINS DIVISION                   | OT OF NEW YORK,                    | WHITE     |       |   |            |                        |           |
| 70,700,00    | e number   |  | 3                                  |           |       | Check if this is:  An amended  A supplement income as o | nt showing | postpetition chapt     | er 13     |
| Of           | fficial Form 106I  |  |                                    |           |       | MM / DD/ Y  | YYY        |                        |           |
| S            | chedule I: Your Inc  | ome  |                                    |           |       |   | 200        |                        | 12/15     |
| attad<br>Par | olying correct information. If you are separated and you have a separated to this form.  Describe Employment                             | ur spouse is not filing wit<br>On the top of any additio | h you, do not includ               | le inform | ation | about your spous  | e. If more | space is needed        | l,<br>on. |
| 1.           | Fill In your employment<br>information.  |  | Debtor 1                           |           |       | Debtor 2  | or non-fil | ing spouse             |           |
|              | If you have more than one job, attach a separate page with   | Employment status  | ■ Employed                         |           |       | Emplo   | yed        |                        |           |
|              | information about additional<br>employers.   | 53/54/   | ☐ Not employed                     |           |       | ☐ Not er  | nployed    |                        |           |
|              | Include part-time, seasonal, or  | Occupation   | -                                  |           |       |   |            |                        |           |
|              | self-employed work.  | Employer's name  | -                                  |           |       |   |            |                        |           |
|              | Occupation may include student<br>homemaker, if it applies.  | or Employer's address                                    |                                    |           |       |   |            |                        |           |
|              |  | How long employed to                                     | nere?                              |           |       |   |            |                        |           |
| Par          | Give Details About Mo  | nthly Income   | 7/                                 |           |       |   |            |                        |           |
| unle:        | mate monthly income as of the o<br>ss you are separated.<br>u or your non-filing spouse have mo<br>e, attach a separate sheet to this fo | ore than one employer, com                               |                                    |           |       |   |            |                        |           |
| орас         | o, and a separate a receive mane   |  |                                    |           |       | For Debtor 1  |            | otor 2 or<br>ng spouse |           |
| 2.           | List monthly gross wages, sala deductions). If not paid monthly,   | ary, and commissions (be<br>calculate what the monthly   | fore all payroll<br>wage would be. | 2,        | s     | 0.00  | s          | 0.00                   |           |
| 3.           | Estimate and list monthly over   | time pay.  |                                    | 3.        | +\$   | 0.00  | +\$        | 0.00                   |           |
| 4.           | Calculate gross Income. Add I  | 0  |                                    | 4.        | s     | 0.00  | S          |                        |           |

Official Form 1061

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| Deb | lor 1       | Arthur, Mary D.  | <u>:</u> 0 | Case     | number (il known) |           |         |  |
|-----|-------------|--|------------|----------|-------------------|-----------|---------|--|
|     |             |  |            | For      | Debtor 1          | For Debto |         |  |
|     | Cop         | y line 4 here  | 4.         | S        | 0.00              | \$        | 0.00    |  |
| 5.  | List        | all payroll deductions:  |            |          |                   | . 2       | ====    |  |
| W.  |             |  | e = 1      |          |                   |           | 2122    |  |
|     | 5a.<br>5b.  | Tax, Medicare, and Social Security deductions  | 5a.        | \$_      | 0.00              | \$        | 0.00    |  |
|     | 5c.         | Mandatory contributions for retirement plans   | 5b.        | \$_      | 0.00              | \$        | 0.00    |  |
|     |             | Voluntary contributions for retirement plans   | 5c.        | \$_      | 0.00              | \$        | 0.00    |  |
|     | 5d.         | Required repayments of retirement fund loans   | 5d.        | \$ -     | 0.00              | \$        | 0.00    |  |
|     | 5e.         | Insurance  | 5e.        | \$_      | 0.00              | \$        | 0.00    |  |
|     | 5f.         | Domestic support obligations   | 51.        | \$_      | 0.00              | \$        | 0.00    |  |
|     | 5g.         | Union dues   | 5g.        | \$_      | 0.00              | \$        | 0.00    |  |
|     | 5h.         | Other deductions. Specify:   | 5h.+       | - \$_    | 0.00              | + \$      | 0.00    |  |
| 6.  | Add         | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | S_       | 0.00              | \$        | 0.00    |  |
| 7.  | Calc        | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | S        | 0.00              | S         | 0.00    |  |
| 8.  | List<br>8a. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a.        | \$5      | 0.00              | \$        | 0.00    |  |
|     | 8b.         | Interest and dividends   | 8b.        | \$       | 0.00              | \$        | 0.00    |  |
|     | 8c.         | Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        | \$       | 0.00              | \$        | 0.00    |  |
|     | 8d.         | Unemployment compensation  | 8d.        | \$       | 0.00              | s         | 0.00    |  |
|     | 8e.         | Social Security  | 8e.        | s-       | 568.00            | 5         | 980.00  |  |
|     | 8f.         | Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance<br>that you receive, such as food stamps (benefits under the Supplemental<br>Nutrition Assistance Program) or housing subsidies.<br>Specify:   | 8f.        | <b>S</b> | 0.00              | s         | 0.00    |  |
|     | 8g.         | Pension or retirement income   | — 8g.      | s -      | 0.00              | s         | 0.00    |  |
|     | 8h.         | Other monthly income. Specify:   | 8h.+       | · s-     |                   | + S       | 0.00    |  |
|     |             |  | -          | _        | 0.00              | _         | 0.00    | is.                                      |
| 9.  | Add         | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$_      | 568.00            | \$        | 980.00  | le l |
|     |             |  |            |          |                   | 503252    | 1       |  |
| 10. |             | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. S      | _        | 568.00 + \$       | 980.00    | ) = S   | 1,548.00                                 |
| 11. | Inclu       | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your der friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not assorber.  | epender    | 0000     |                   |           | +\$     | 0.00                                     |
| 12. |             | the amount in the last column of line 10 to the amount in line 11. The resilent amount on the Summary of Schedules and Statistical Summary of Certain  |            |          |                   |           | \$1     | 1,548.00                                 |
| 40  | D-          | and the second s |            |          |                   |           | monthly |  |
| 13. | Do y        | you expect an increase or decrease within the year after you file this form?<br>No.  | •          |          |                   |           |         |  |
|     |             | Yes. Explain:  |            | -        |                   |           |         |  |

Official Form 1061 Schedule 1: Your Income page 2

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| Fill in th            | is information to identify you   | ır case:  | <b>阿斯斯</b> 斯德 (10)                             |                       |   |   |
|-----------------------|--|---|--|-----------------------|---|---|
| Debtor 1              | Mary D. Arthu  | or  |  | Ch                    | eck if this is:                                 |   |
|                       |  |   |  |                       | An amended filing                               |   |
| Debtor 2              |  |   |  |                       |   | ing postpetition chapter 13                 |
| (Spouse,              | , if filing)   |   | 14   |                       | expenses as of the                              | following date:                             |
| United S              | states Bankruptcy Court for the:   | SOUTHERN DISTRICT OF NEW PLAINS DIVISION  | YORK, WHITE                                    |                       | MM / DD / YYYY                                  | -   |
| Case nur<br>(If known | W1777  |   |  |                       |   |   |
| Offic                 | cial Form 106J   |   |  |                       |   |   |
|                       | edule J: Your E  |   |  |                       |   | 12/15                                       |
| informa<br>(if know   | complete and accurate as pation. If more space is need wn). Answer every question Describe Your Househ |   | filing together, both<br>orm. On the top of an | are equa<br>y additio | ally responsible for s<br>onal pages, write you | supplying correct<br>ur name and case numbe |
| 1. Is:                | this a joint case?   |   |  |                       |   |   |
|                       | No. Go to line 2.  |   |  |                       |   |   |
|                       | Yes. Does Debtor 2 live in   | a separate household?   |  |                       |   |   |
|                       | □ No   |   |  |                       |   |   |
|                       | Yes. Debtor 2 must   | file Official Form 106J-2,Expenses  | for Separate Househol                          | ld of Deb             | tor 2.  |   |
| 2. Do                 | you have dependents?   | ■ No  |  |                       |   |   |
|                       | o not list Debtor 1 and<br>ablor 2.  | Yes. Fill out this information for each dependent   | Dependent's relation<br>Debtor 1 or Debtor 2   |                       | Dependent's age                                 | Does dependent live with you?               |
| Do                    | not state the  |   | No.  |                       | and Residential Control                         | □ No  |
| de                    | pendents names.  |   |  |                       |   | ☐ Yes                                       |
|                       |  |   |  |                       |   | □ No  |
|                       |  |   | No.  |                       |   | ☐ Yes                                       |
|                       |  |   |  |                       |   | □ No  |
|                       |  |   |  |                       |   | ☐ Yes                                       |
|                       |  |   |  |                       |   | □ No  |
| 2 D-                  |  | 5 <u>241</u> 5  |  |                       |   | ☐ Yes                                       |
|                       | your expenses include<br>penses of people other the  | an No   |  |                       |   |   |
|                       | urself and your dependen   |   |  |                       |   |   |
| -                     |  | 001 9270 <u>2</u> 3   |  |                       |   |   |
| Estimat               | Estimate Your Ongoing<br>te your expenses as of you<br>ses as of a date after the ba                   | g Monthly Expenses<br>ur bankruptcy filing date unless yo<br>ankruptcy is filed. If this is a suppl | ou are using this form                         | n as a su             | applement in a Chapt                            | ter 13 case to report                       |
|                       | ble date.  | and aproprior mode in this is a suppli-   | ememar concurre o,                             | oncon ti              | io sox at the top of the                        | io form and in in the                       |
|                       |  | on-cash government assistance if<br>re included it on Schedule I: Your I                            |  |                       |   |   |
|                       | I Form 106I.)  | e included it on Schedule I. Your I   | ncome  | 100                   | Your exp  | enses                                       |
|                       | ne rental or home ownersh<br>yments and any rent for the g   | ip expenses for your residence. In<br>ground or lot.  | clude first mortgage                           | 4.                    | s   | 725.00                                      |
| 100                   |  |   |  |                       |   |   |
|                       | not included in line 4:  |   |  |                       |   |   |
|                       |  |   |  | 42                    | \$  | 0.00  |
| lf r                  | . Real estate taxes  | or renter's insurance   |  | 4a.<br>4b.            |   | 0.00  |
| lf r<br>4a            | . Real estate taxes<br>. Property, homeowner's,  | or renter's insurance<br>pair, and upkeep expenses  |  | 4a.<br>4b.<br>4c.     |   | 0.00  |
| lf r<br>4a<br>4b      | Real estate taxes Property, homeowner's, Home maintenance, rep   |   |  | 4b.                   | \$  |   |

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| otor     | Arthur, Mary D.  | Case number (if known)                                | 8                         |
|----------|--|---|---------------------------|
| Ut       | llities:   |   |                           |
| 6a       | Electricity, heat, natural gas   | 6a. \$  | 220.00                    |
| 6b       | . Water, sewer, garbage collection   | 6b. \$  | 0.00                      |
| 6c       | Telephone, cell phone, Internet, satellite, and cable services   | 6c. \$  | 75.00                     |
| 6d       |  | 6d. \$  | 0.00                      |
| Fo       | od and housekeeping supplies   | 7. \$   | 200.00                    |
|          | ildcare and children's education costs   | 8. \$   | 0.00                      |
| CI       | othing, laundry, and dry cleaning  | 9. \$   | 50.00                     |
| ). Pe    | rsonal care products and services  | 10. \$  | 0.00                      |
| . Me     | edical and dental expenses   | 11. \$  | 20.00                     |
| Do       | ansportation. Include gas, maintenance, bus or train fare.  o not include car payments.  | 12. \$  | 100.00                    |
|          | tertainment, clubs, recreation, newspapers, magazines, and books   | 13, \$  | 0.00                      |
|          | aritable contributions and religious donations   | 14. \$  | 0.00                      |
|          | surance.   |   |                           |
|          | not include insurance deducted from your pay or included in lines 4 or 20.  a. Life insurance  | 15a. S  | 0.00                      |
|          | b. Health insurance  | (1987) 1878 (1 <u>-1</u>                              | 0.00                      |
|          | c. Vehicle insurance   | 15b. \$   | 0.00                      |
|          |  | 15c. \$   | 140.00                    |
|          | <ol> <li>Other insurance, Specify:<br/>xes. Do not include taxes deducted from your pay or included in lines 4 or 20.</li> </ol>   | 15d. S  | 0.00                      |
| Sp       | ecify:   | 16. \$  | 0.00                      |
|          | stallment or lease payments:<br>a. Car payments for Vehicle 1  | 17a. S  | 0.00                      |
|          | b. Car payments for Vehicle 2  | 17b. S  | 0.00                      |
|          | c. Other Specify:  | 17c. \$   | 0.00                      |
|          | d. Other Specify:  |   | 0.00                      |
|          | our payments of alimony, maintenance, and support that you did not report a  | 17d. \$   | 0.00                      |
|          | ducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I)  |   | 0.00                      |
|          | her payments you make to support others who do not live with you.  | . s —   | 0.00                      |
| Sp       | ecify:   | 19.   | 0.00                      |
|          | her real property expenses not included in lines 4 or 5 of this form or on ScI   | nedule I: Your Income.                                |                           |
| 20       | Mortgages on other property  | 20a. \$   | 0.00                      |
|          | b. Real estate taxes   | 20b. \$   | 0.00                      |
| 20       | c. Property, homeowner's, or renter's insurance  | 20c. \$   | 0.00                      |
| 20       | d. Maintenance, repair, and upkeep expenses  | 20d. \$   | 0.00                      |
| 20       | e. Homeowner's association or condominium dues   | 20e. \$   | 0.00                      |
| . Ot     | her: Specify:  | 21. +\$   | 0.00                      |
|          | lculate your monthly expenses  | 38 1  |                           |
|          | a. Add lines 4 through 21.   | S   | 1,530.00                  |
|          | <ul> <li>b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-</li> </ul>  | 2 \$  |                           |
|          | <ul> <li>Add line 22a and 22b. The result is your monthly expenses.</li> </ul>   | S   | 1,530.00                  |
|          | alculate your monthly net income.  | (E4) 5352A  | 94774838498               |
|          | a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a. \$   | 1,548.00                  |
| 23       | <ul> <li>b. Copy your monthly expenses from line 22c above.</li> </ul>   | 23b\$   | 1,530.00                  |
| 23       | c. Subtract your monthly expenses from your monthly income.  |   | 72.20                     |
|          | The result is your monthly net income.   | 23c. S  | 18.00                     |
| Fo<br>mo | you expect an increase or decrease in your expenses within the year after of example, do you expect to finish paying for your car loan within the year or do you expect your finish to the terms of your mortgage? | you file this form?<br>your mortgage payment to incre | ase or decrease because o |
| 1        | No   |   |                           |
| _        | Yes. Explain here:   |   |                           |